

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

# ARIZONA STATE DEPARTMENT OF HEALTH

## DIVISION OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 122

Place of Birth Miami, Arz. County                      No.                      St.                       
(Registration District)

SEX OF CHILD*	Twin Triplet or other? <u>1</u>	}	and	}	Number in order of birth
Male					

DATE OF BIRTH February 11th, 1925  
(Month) (Day) (Year)

FULL\* FATHER  
NAME Leonardo Reynoso

FULL\* MOTHER  
MAIDEN NAME Porfiria Coronado.

I HEREBY CERTIFY that the child described herein  
has been named

Antonio Reynoso Coronado.  
(Give name in full) (Surname)

Porfiria Coronado  
(Parent's Signature)

\_\_\_\_\_  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

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136-211-736